

# 2013 CLINICAL QUALITY MEASURES FACT SHEET

Source: [EHR Incentive Programs](#)

- Every Eligible Professional is required to report on clinical quality measures.
- Clinical quality measures do not have thresholds that you have to meet. You simply have to report data on them.
- You don't have to do any calculations for the clinical quality measures; you're certified EHR will produce a report with clinical quality measure data, and you must enter that data exactly as your certified EHR produced it.

## EPs are required to submit clinical data on two measure groups:

1. A core set of 3 clinical quality measures (listed in Table #1).  
*(If you don't collect information on one or more of the 3 core clinical quality measure found in Table #1, you can choose one or more replacements from an alternate core list found in Table #2.)*
2. 3 additional clinical quality measures, from a menu set of 38, that you select from an additional list found in Table #3.  
*(You select the 3 additional clinical quality measures based on their relevance to your scope of practice).*

## Things to Remember about Clinical Quality Measures

Your Certified EHR does all the work. It calculates the measures and gives you the numbers you report to CMS.	If your EHR reports zeros on one of the core clinical quality measures, replace it with one from the alternate list.
Choose 3 measures from the additional list that are relevant to your scope of practice.	There are no minimum values that you must achieve for clinical quality measures. You only have to report on them, not achieve a benchmark.

## **Core Clinical Quality Measures**

Here are the 3 core clinical quality measures that everyone must report on:

**Table # 1**

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0013	Hypertension: Blood Pressure Measurement
NQF 0028	Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow-up

## **Alternative Set**

If the data produced by your EHR indicates a zero for the denominator of one or more of the core clinical quality measures, then you must choose one or more alternate core clinical quality measures from this list.

**Table # 2**

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NCQF0041 PQRI 110	Preventive Care and Screening: Influenza for Patients 50 Years Old or Older
NQF 0038	Childhood Immunization Status

## **Additional Set Clinical Quality Measures**

Finally, you select 3 from this list of 38 additional clinical quality measures in Table # 3 (below), and report on those. CMS expects the EP to report on Measures which do not have a denominator of zero.

(For a list of CQMs that includes NQF and PQRI Measures, and Developer and Contact Information, please refer to Clinical Quality Measures Chart in the Toolkit).

**Table # 3**

1. Diabetes: Hemoglobin A1c Poor Control
2. Diabetes: Low Density Lipoprotein (LDL) Management and Control
3. Diabetes: Blood Pressure Management
4. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB)  
Therapy for Left Ventricular Systolic Dysfunction (LVSD)
5. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
6. Pneumonia Vaccination Status for Older Adults
7. Breast Cancer Screening
8. Colorectal Cancer Screening
9. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
10. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
11. Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b)Effective Continuation  
Phase Treatment
12. Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
13. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of  
Retinopathy
14. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
15. Asthma Pharmacologic Therapy
16. Asthma Assessment
17. Appropriate Testing for Children with Pharyngitis
18. Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor  
(ER/PR) Positive Breast Cancer
19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
20. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
21. Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b)  
Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies
22. Diabetes: Eye Exam

- 23. Diabetes: Urine Screening
- 24. Diabetes: Foot Exam
- 25. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
- 26. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
- 27. Ischemic Vascular Disease (IVD): Blood Pressure Management
- 28. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- 29. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
- 30. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
- 31. Prenatal Care: Anti-D Immune Globulin
- 32. Controlling High Blood Pressure
- 33. Cervical Cancer Screening
- 34. Chlamydia Screening for Women
- 35. Use of Appropriate Medications for Asthma
- 36. Low Back Pain: Use of Imaging Studies
  
- 38. Diabetes: Hemoglobin A1c Control (<8.0%)

Source for Clinical Quality Measures Fact sheet is the **CMS Eligible Professional Meaningful Use Guide** at:

[https://www.cms.gov/EHRIncentivePrograms/Downloads/Beginners\\_Guide.pdf](https://www.cms.gov/EHRIncentivePrograms/Downloads/Beginners_Guide.pdf)

The guide includes the re-imbbursement, registration, and penalty sections, as well as pertinent information for your practices about the Meaningful Use and Clinical Quality Measures that they will need to reach for 90 consecutive days in 2012 to qualify to receive for a 2012 incentive payment from the Medicare program.

The CQMs are reported during the attestation process along with the Meaningful Use Core and Menu Objectives. Providers will enter the denominator, numerator and any applicable exclusion results directly into the attestation system.

### **Clinical Quality Measure Numbers and Electronic Specifications**

*The Clinical Quality Measures (CQMs) have different sources. For Developer and Contact Information and NQF (National Quality Foundation) and PQRI*

*(Physician Quality Reporting Initiative) numbers on each measure, please refer to Clinical Quality Measures Chart included in email attachment.*

*Providers are required to report using the specifications for clinical quality measures found at*

*[http://www.cms.gov/QualityMeasures/03\\_ElectronicSpecifications.asp#TopOfPage](http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage).*

*(Use the NQF measure numbers to identify required data to enter into the EHR for each measure)*

### **Specialist Clinical Quality Questions and CMS Answers:**

**QUESTION:** “My practice does not typically collect information on any of the core, alternate core, and additional clinical quality measures (CQMs) listed in the Final Rule on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Do I need to report on CQMs for which I do not have any data?”

**ANSWER:** EPs are not excluded from reporting clinical quality measures, but zero is an acceptable value for the CQM denominator. If there were no patients who met the denominator population for a CQM, then the EP would report a zero for the denominator and a zero for the numerator.

For the core measures, if the EP reports a zero for the core measure denominator, then the EP must report results for up to three alternate core measures (potentially reporting on all 6 core/alternate core measures).

For the menu-set measures, we expect the EP to report on measures which do not have a denominator of zero. If none of the measures in the menu set applies to the EP, then the EP must report on three of such measures, reporting a denominator of zero, and then attest that the remainder of the menu-set measures have a value of zero in the denominator.

As stated in the final rule (75 FR 44409-10): "The expectation is that the EHR will automatically report on each core clinical quality measure, and when one or more of the core measures has a denominator of zero then the alternate core measure(s) will be reported.

If all six of the clinical quality measures in Tables 1 & 2 have zeros for the denominators (this would imply that the EPs patient population is not addressed by these measures), then the EP is still required to report on three additional clinical measures of their choosing from Table 3 in this final rule.

In regard to the three additional clinical quality measures, if the EP reports zero values, then for the remaining clinical quality measures in Table 3 (other than the core and alternate core measures) the EP will have to attest that all of the other clinical quality measures calculated by the certified EHR technology have a value of zero in the denominator, if the EP is to be exempt from reporting any of the additional clinical quality measures (other than the core and alternate core measures) in Table 3."

**QUESTION:** For the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, if certified EHR technology possessed by an eligible professional (EP) includes the ability to calculate clinical quality measures (CQMs) from the additional set that are not indicated by the EHR developer or on the Certified Health Information Technology Product List (CHPL) as tested and certified by an ONC - Authorized Testing and Certification Body (ONC-ATCB), can the EP submit the results of those CQMs to CMS as part of their meaningful use attestation?

**ANSWER:** Yes, the EP can submit results for CQMs in the additional set (Table 6 of the final rule) calculated by certified EHR technology, even if those CQMs were not individually tested and certified by an ONC-ATCB. We expect to revisit CQM requirements in more detail for later stages of meaningful use as well as the corresponding certification requirements.

**QUESTION:** For the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, if the certified EHR technology possessed by an eligible professional (EP) generates zero denominators for all clinical quality measures (CQMs) in the additional set that it can calculate, is the EP responsible for determining whether they have zero denominators or data for any remaining CQMs in the additional set that their certified EHR technology is not capable of calculating?

**ANSWER:** No, the EP is not responsible for determining the status of CQMs that their certified EHR technology is not capable of calculating. The certification criterion for ambulatory CQMs sets a minimum threshold in order for the certification criterion to be met. An EHR technology must be certified to the 6 core CQMs (3 core and 3 alternate core CQMs in Table 7 of the final rule) and at least 3 CQMs from the additional set (Table 6 of the final rule). In the final rule, we stated that it was our expectation that EPs would seek out certified EHR technologies that include and were certified for CQMs relevant to their scope of practice. In later stages of meaningful use and the corresponding certification requirements, we will seek to address situations where an EP does not obtain certified EHR technology that would enable the EP to report on CQMs that are relevant to their practice.

**QUESTION:** Can eligible professionals (EPs) use clinical quality measures from the alternate core set to meet the requirement of reporting three additional measures for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs?

**ANSWER:** No, if EPs report data on all three clinical quality measures from the core set, they would not report on any from the alternate core set. The three additional clinical quality measures must come from Table 6 of the final rule (75 FR 44398-44408), excluding those clinical quality measures included in either the core set or the alternate core set.

**QUESTION:** If the denominators for all three of the core clinical quality measures are zero, do I have to report on the additional clinical quality

**measures for eligible professionals (EPs) under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs?**

**ANSWER:** If the denominator value for all three of the core clinical quality measures is zero, an EP must report a zero denominator for all such core measures, and then must also report on all 3 alternate core clinical quality measures. If the denominator values for all three of the alternate core clinical quality measures is also '0,' an EP still needs to report on 3 additional clinical quality measures. Zero is an acceptable denominator provided that this value was produced by certified EHR technology.

**QUESTION:** Can I use the electronic specifications for clinical quality measures to satisfy both the Physician Quality Reporting System (PQRS) and the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs?

**ANSWER:** No. Each program has specific specifications for reporting. In the future CMS expects to harmonize specifications between PQRS (formerly known as the Physician Quality Reporting Initiative, or PQRI) and the Medicare and Medicaid EHR Incentive Programs. Therefore if a provider is reporting under the PQRI EHR program, they must refer to the PQRS EHR specifications found at [http://www.cms.gov/PQRI/20\\_AlternativeReportingMechanisms.asp](http://www.cms.gov/PQRI/20_AlternativeReportingMechanisms.asp). Providers are required to report using the specifications for clinical quality measures found at [http://www.cms.gov/QualityMeasures/03\\_ElectronicSpecifications.asp#TopOfPage](http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage).

For more information about the Medicare and Medicaid EHR Incentive Program, please visit <http://www.cms.gov/EHRIncentivePrograms>

**QUESTION:** One of the measures for the core set of clinical quality measures for eligible professionals (EPs) is not applicable for my patient population. Am I excluded from reporting that measure for the Medicare or Medicaid Electronic Health Record (EHR) Incentive Programs?

**ANSWER:** An eligible professional (EP) is not excluded from reporting core clinical quality measures. However, zero is an acceptable value to report for the

denominator of a clinical quality measure if there is no patient population within the EHR to whom that clinical quality measure applies. If an EP reports a zero denominator for one of the core measures, then the EP is required to report results for up to three alternate core measures (possibly reporting denominators of 0 for all three alternate core measures). We refer readers to pp. 44409-10 of the preamble to our final rule for our discussion of this issue.

*To view the final rule for the Medicare and Medicaid EHR incentive programs, please visit: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>.*

*For more information about the Medicare and Medicaid EHR Incentive Program, please visit <http://www.cms.gov/EHRIncentivePrograms>.*

*The information in this fact sheet is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.*